

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CAMPAIGN MONEY WATCH

(b) Address (number and street) ☐ check if different than previously reported

CAMPAIGN MONEY WATCH 1133 19TH STREET NW 9TH FLOOR

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000160

3. Is This Statement

☐

New

or

☒

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

(b) Communication Title Gun Dealer

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

David Donnelly

(b) Address (number and street)

Campaign Money Watch

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Public Campaign Action Fund

(e) Occupation

National Campaigns Director

9. Total Donations This Statement

725000.00

10. Total Disbursements/Obligations This Statement

730000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

David Donnelly

SIGNATURE Electronically Filed by David Donnelly

DATE 02/18/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

A. Full Name of Donor

David Bonderman

Mailing Address of Donor
301 Commerce Street

City	State	Zip
Ft. Worth	TX	76102

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount

125000.00

Transaction ID : F92.000001

B. Full Name of Donor

Public Campaign Action Fund

Mailing Address of Donor
1133 19th Street NW 9th Floor

City	State	Zip
Washington	DC	20036

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

Amount

475000.00

Transaction ID : F92.000002

C. Full Name of Donor

Laurie Michaels

Mailing Address of Donor
301 Commerce Street

City	State	Zip
Ft. Worth	TX	76102

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

Amount

125000.00

Transaction ID : F92.000003

SUBTOTAL of Donations This Page (optional).....

725000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

725000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee MacWilliams Sanders				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0</div> </div>	
Mailing Address of Payee 7 Trillium Way				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">730000.00</div>	
City Amherst	State MA	Zip Code 01002		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000001	
Purpose of Disbursement (including title(s) of communication(s)) Production placement of Gun Dealer					
Name of Federal Candidate Ken Buck	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District:	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000002					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px;">730000.00</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px;">730000.00</div>